

EXHIBIT H

Confidential - Subject to Stipulation and Order of Confidentiality

1 - - -
2 :SUPERIOR COURT OF
3 IN RE: :NEW JERSEY
4 PELVIC MESH/GYNECARE :LAW DIVISION -
5 LITIGATION :ATLANTIC COUNTY
6 :
7 :MASTER CASE 6341-10
8 :
9 :CASE NO. 291 CT

10 - - -
11 UNITED STATES DISTRICT COURT
12 SOUTHERN DISTRICT OF WEST VIRGINIA AT CHARLESTON
13 :Master File No.
14 IN RE: ETHICON, INC., PELVIC :2:12-MD-02327
15 REPAIR SYSTEM PRODUCTS : MDL 2327
16 LIABILITY LITIGATION :
17 :
18

19 CONFIDENTIAL-SUBJECT TO STIPULATION AND ORDER OF
20 CONFIDENTIALITY
21 - - -

22 November 15, 2012
23 - - -

24 Transcript of the deposition of AXEL
25 ARNAUD, MD, called for Videotaped Examination in the
above-captioned matter, said deposition taken
pursuant to Superior Court Rules of Practice and
Procedure by and before Ann Marie Mitchell, a
Federally Approved Certified Realtime Reporter,
Registered Diplomate Reporter, Certified Court
Reporter, and Notary Public for the State of New
Jersey, at the offices of Riker Danzig Scherer
Hyland & Perretti LLP, Headquarters Plaza, One
Speedwell Avenue, Morristown, New Jersey, commencing
at 10:17 a.m.

26 - - -
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1 TVT®, what we brought was a procedure that gave good
2 results in 90 percent of the cases. And that was
3 very different than what was existing without the
4 sling. Without the sling, the gold standard was the
5 Burch procedure. All the surgeon knew that the
6 Burch procedure was a very poor gold standard,
7 because the rate of success was very low, and if you
8 would wait, with time, the rate of success would be
9 even lower. So the sling brought a dramatic
10 improvement in the efficacy and, more importantly,
11 in the efficacy over time, over time, on the long
12 term. So the purpose of the TVM procedure was
13 exactly the same, you know, bring more success in a
14 short term but also the guarantee of a long-term
15 success.

16 MR. SLATER: Move to strike from
17 "with the TVT®" forward.

18 BY MR. SLATER:

19 Q. Your goal was to try to develop a
20 better alternative, that was your hope, to the
21 existing procedures. Correct?

22 A. Yes.

23 Q. Your expectation was that if somebody
24 was an experienced pelvic reconstructive surgeon, a
25 urogynecologist or a gynecologist or a urologist,

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1 that they would be able to understand this
2 procedure, they would be willing to understand how
3 it's done, and with some training, be able to
4 perform it. That was again your hope. Correct?

5 A. Yeah. My hope was to offer a new
6 procedure that would be more efficient in term of
7 recurrences than the existing ones.

8 Q. And you then say -- let's go to the
9 actual "Project TVM" document. You say that, with
10 regard to the medical background and rationale, "For
11 a manufacturer of medical devices, surgery for
12 genital prolapse is an attractive market."

13 Do you see that?

14 A. I don't see it, but I can understand
15 it.

16 MS. KABBASH: I want to make sure
17 every time Mr. Slater asks you about language, that
18 you look for that language.

19 THE WITNESS: Yes.

20 MS. KABBASH: Okay?

21 THE WITNESS: Okay. Okay.

22 BY MR. SLATER:

23 Q. Do you see what I just read?

24 A. Yes, yes.

25 Q. And what you were saying to the